Regular Meeting of the

Santa Clara County Health Authority
Credentialing/Peer Review Committee

Wednesday, June 2, 2021, 12:15 PM – 1:30 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

VIA TELECONFERENCE:
1-800-882-3610
Passcode: 5656604

AGENDA

1.	**Roll Call / Establish Quorum**	Dr. Nakahira *or designee*	12:15	5 min
2.	**Public Comment** Members of the public may speak to any item not on the agenda; two minutes per speaker. The Credentialing/Peer Review Committee reserves the right to limit the duration of the public comment period to 30 minutes	Dr. Cordero-Gamez	12:20	5 min
3.	**Open Session Meeting Minutes** Review Open Session Credentialing Committee meeting minutes of April 7, 2021 **Possible Action:** Approve Closed Session minutes of April 7, 2021	Dr. Cordero-Gamez	12:25	5 min
4.	**CMO Update** Informational Update	Dr. Nakahira *or designee*	12:30	5 min
5.	**Delegated Credentialing Quarterly Reports**	FYI	12:35	5 min
6.	**CR.01 Procedure Update** **Possible Action:** Approve CR.01 Procedure	Janet Gambatese	12:40	5 min
7.	**Adjourn to Closed Session** Pursuant to Welfare and Institutions Code Section 14087.36 (w)		12:45	
8.	**Closed Session Meeting Minutes** Review Closed Session Credentialing Committee meeting minutes of April 7, 2021 **Possible Action:** Approve Closed Session minutes of April 7, 2021	Dr. Cordero-Gamez	12:45	5 min
9.	**Old Business** None	Dr. Nakahira *or designee*	12:50	0 min

10. New Business None	Dr. Nakahira *or designee*	12:50	0 min
11. PQI Summary Report from 11/01/2020 – 04/30/2021	Dr. Nakahira *or designee*	12:50	10 min
12. Medical Board Alerts Internal Medicine (PCP, VHP), 35 months' Probation	Dr. Nakahira *or designee*	1:00	5 min

13. Independent Network Credentialing
a. CMO Approved Clean Files
    Possible Action: Approve CMO Approved Clean Files
b. Provider profiles review by Committee
    Possible Action: Approve Provider profiles review by
    Committee
	All	1:05	10 min

14. Independent Network Re-credentialing
a. CMO Approved Clean Files
    Possible Action: Approve CMO Approved Clean Files
b. Provider profiles review by Committee
    Possible Action: Approve Provider profiles review by
    Committee
	All	1:15	10 min

15. Delegated Credentialing Summary	FYI	1:25	5 min
16. Adjournment Next Meeting: Wednesday, June 2, 2021	Dr. Cordero- Gamez	1:30	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Credentialing/Peer Review Committee on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.

- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.

- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Catherine Almogela 48 hours prior to the meeting at 408-874-1785.

- To obtain a copy of any supporting document that is available, contact Catherine Almogela at 408-874-1785. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.

- This agenda and meeting documents are available at www.scfhp.com.

ROLL CALL

PUBLIC COMMENT

For a Regular Meeting of the
Santa Clara County Health Authority
Credentialing/Peer Review Committee

Wednesday, April 7, 2021, 12:15-1:30 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes – Open Session

Members Present
Mario Cordero-Gamez, MD, Chairperson
Laurie Nakahira, DO, Chief Medical Officer
Jeff Robertson, MD, Medical Director
Clara Adams, LCSW
Jimmy Lin, MD

Staff Present:
Janet Gambatese, Director, Provider Network
    Operations
Catherine Almogela, Credentialing Coordinator

Members Absent
Peter L. Nguyen, DO

Others Present:
None

1. **Roll Call / Establish Quorum**
   Laurie Nakahira, DO, Chief Medical Officer convened the meeting at 12:17 pm. Roll call was taken and a quorum was established.

2. **Public Comment**
   There were no public comments.

3. **Review Open Session Meeting Minutes of February 3, 2021**
   The meeting minutes were distributed to the Committee at the meeting. The Committee reviewed the minutes.
   It was moved, seconded, and the Open Session Meeting Minutes was **unanimously approved**.

Motion:	Dr. Nakahira
Second:	Dr. Lin
Ayes:	Dr. Nakahira, Dr. Lin, Dr. Cordero, Dr. Robertson, Ms. Adams
Absent:	Dr. Nguyen

4. **CMO Update(s)**
   Laurie Nakahira, DO, Chief Medical Officer shared the following information updates:
   - SCFHP membership continues to grow. From last year's membership, the Medi-Cal membership has gained over 33,00 new members and the Cal MediConnect membership has gained over 1100 members but this is due to hold on disenrollment during COVID.
   - The COVID status for Santa Clara County is currently under the Orange Tier.
   - SCFHP is currently calling high risk members over 65 years of age with multiple chronic disease to assist with scheduling vaccines.
   - DHCS and DMHC audit on March 8, 2021 to March 19,2021 was completed.

- The State has delayed the date of April 1, 2021, for Medi-Cal pharmacy indefinitely because of the need to review new conflict with the purchase of Magellan Health, Inc by Centene.
- Under the California Advancing and Innovating Medi-Cal initiative (CalAIM), the California Department of Health Care Services (DHCS) is proposing to transition Cal MediConnect (CMC) and the Coordinated Care Initiative (CCI) to a statewide Managed Long-Term Services and Supports (MLTSS) and Dual Eligible Special Needs Plan (D-SNP) structure on January 2023.
- The 2021 CalAim proposal includes the enhanced care management (ECM) / in lieu of services (ILOS) to start on January 2022 and NCQA accreditation required for all Medi-Cal managed care plans by 2026.

5. Delegated Credentialing Quaterly Reports
The following quarterly reports for the delegated network were presented to the Committee for review with no suspensions, or terminations:
- LPCH Q4
- Stanford Q4
- VHP Q4
- PAMF Q4
- PMG Q4
- PCNC Q4
- VSP Q4 – Advantage and Medicaid

Adjourn to Closed Session
The Committee adjourned to closed session at 12:27 pm to discuss agenda items 7-13.

_____
Mario Cordero-Gamez, MD
Committee Chairperson

CMO UPDATE

DELEGATED CREDENTIALING QUARTERLY REPORTS

SCFHP Delegated Credentialing
ICE Quarterly Credentialing Submission Form

Delegate Name: Lucile Packard Children's Hospital

Reporting Period: ☒ **1ˢᵗ Quarter** (due May 15ᵗʰ)   ☐ **3ʳᵈ Quarter** (due November 15ᵗʰ)
(Check One Box)   ☐ **2ⁿᵈ Quarter** (due August 15ᵗʰ)   ☐ **4ᵗʰ Quarter** (due February 15ᵗʰ)

POLICY: SCFHP requires all delegated groups to complete this form and return it to the contact listed below on a Quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:

Check One Box Only
☐ **NO** SCFHP practitioners were discussed and/or reviewed for initial and recredentialing   approvals or denials during this time.

☒ At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
  01/21/2021, February CANCELLED, March CANCELLED
  The following practitioners were approved for initial and recredentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation**. (Attach list, if applicable).*

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	4	4	3	0
Total # of Recreds	8	124	26	0

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension	0	0	0	0
Total # of Terminations	0	0	0	0
Total # of Resignations	0	0	0	0

Site Visit for Complaint Monitoring	Number of Complaints	0	Number of Site Audits Conducted	0

IMPROVEMENT ACTIVITIES: Check here if no activities ☒
Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).
  Updates may be found at this link:
  http://stanfordhealthcare.org/health-care-professionals/medical-staff/health-plans.html

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title):   Brian Borders Lead Medical Staff Coordinator   Date: 05/03/2021

Industry Collaboration Effort

Combined Delegated Credentialing
ICE Quarterly Credentialing Submission Form

Delegate Name: Sutter Bay Medical Foundation – Palo Alto Medical Foundation

Reporting Period:	☒ **1ˢᵗ Quarter** (due May 15ᵗʰ)	☐ **3ʳᵈ Quarter** (due November 15ᵗʰ)
(Check One Box)	☐ **2ⁿᵈ Quarter** (due August 15ᵗʰ)	☐ **4ᵗʰ Quarter** (due February 15ᵗʰ)

POLICY: All Health Plans require delegated groups to complete this form and return it to the contact listed below on a Quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:
See Distribution List

Check One Box Only

☐ **NO** Sutter Bay Medical Foundation - PAMF Foundation practitioners were discussed and/or reviewed for initial and re-credentialing approvals or denials during this time.

☒ At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
  01/06/2021 01/15/2021 01/25/2021 02/19/2021 02/22/2021 03/04/2021 03/19/2021 03/26/2021

  The following practitioners were approved for initial and re-credentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/re-credentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation**. (Attach list, if applicable).*

	PCP's MD/DO	**SCPs** MD/DO/DDS/DPM	**Non-Physician/Allied Health** PA/NP/OD etc.	**OP/HDOs** SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Applications	9	9	15	0
Total # of Re-credential Applications	42	81	39	0

(For Quality of Care ONLY)	**PCP's** MD/DO	**SCPs** MD/DO/DDS/DPM	**Non-Physician/Allied Health** PA/NP/OD etc.	**OP/HDOs** SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension	0	0	0	0
Total # of Terminations	0	0	0	0
Total # of Resignations	0	0	0	0

Site Visit for Complaint Monitoring	**Number of Complaints**	0	**Number of Site Audits Conducted**	0

IMPROVEMENT ACTIVITIES: Check here if no activities ☒
Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title):   *Susan Mason,* Credentialing Coordinator   Date: 05/14/2021

Santa Clara Family Health Plan Delegated Credentialing
ICE Quarterly Credentialing Submission Form

Delegate Name: **Premier Care of Northern California**

Reporting Period: ☒ **1st Quarter** (due May 15th) ☐ **3rd Quarter** (due November 15th)
(Check One Box) ☐ **2nd Quarter** (due August 15th) ☐ **4th Quarter** (due February 15th)

POLICY: Santa Clara Health Plan requires all delegated groups to complete this form and return it to the contact listed below on a Quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:

Oversight
Santa Clara Family Health Plan
Email: oversight@scfhp.com

Check One Box Only

☐ **NO** Anthem Blue Cross practitioners were discussed and/or reviewed for initial and recredentialing approvals or denials during this time.

☒ At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
 01/31/2021, 02/17/2021, 02/18/2021, 02/28/2021, 03/16/2021

The following practitioners were approved for initial and recredentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation**. (Attach list, if applicable).*

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	0	0	1	0
Total # of Recreds	2	3	2	0

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension	0	0	0	0
Total # of Terminations	0	0	0	0
Total # of Resignations	0	0	0	0
Site Visit for Complaint Monitoring	**Number of Complaints**	0	**Number of Site Audits Conducted**	0

IMPROVEMENT ACTIVITIES: Check here if no activities ☒

Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title): Alegria Jimenez, Credentialing Specialist Date: 05/17/2021

SCVHP Delegated Credentialing
ICE Quarterly Credentialing Submission Form

Delegate Name: Physicians Medical Group

Reporting Period: ☒ **1ˢᵗ Quarter** (due May 15ᵗʰ)　　　☐ **3ʳᵈ Quarter** (due November 15ᵗʰ)
(Check One Box) ☐ **2ⁿᵈ Quarter** (due August 15ᵗʰ)　　☐ **4ᵗʰ Quarter** (due February 15ᵗʰ)

POLICY: [Health Plan] requires all delegated groups to complete this form and return it to the contact listed below on a Quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:

SCVHP
]

Check One Box Only
☐ **NO** [Health Plan] practitioners were discussed and/or reviewed for initial and recredentialing approvals or denials during this time.

☒ At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
　 1/15/21,2/19/21,3/19/21,4/16/21

　 The following practitioners were approved for initial and recredentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation**. (Attach list, if applicable).*

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	1	4	4	0
Total # of Recreds	18	30	5	0

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension	0	0	0	0
Total # of Terminations	0	0	0	0
Total # of Resignations	0	0	0	0

Site Visit for Complaint Monitoring	**Number of Complaints**	0	**Number of Site Audits Conducted**	0

IMPROVEMENT ACTIVITIES: Check here if no activities ☒
Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title):   Rena Seryani   Date: 5/24/2021

SCFHP Delegated Credentialing
ICE Quarterly Credentialing Submission Form

Delegate Name: Stanford Health Care

Reporting Period: ☒ **1ˢᵗ Quarter** (due May 15ᵗʰ)   ☐ **3ʳᵈ Quarter** (due November 15ᵗʰ)
(Check One Box)   ☐ **2ⁿᵈ Quarter** (due August 15ᵗʰ)   ☐ **4ᵗʰ Quarter** (due February 15ᵗʰ)

POLICY: SCFHP requires all delegated groups to complete this form and return it to the contact listed below on a Quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:

Check One Box Only

☐ **NO** SCFHP practitioners were discussed and/or reviewed for initial and recredentialing   approvals or denials during this time.

☒ At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
   01/25/2021, 02/15/2021,03/15/2021
   The following practitioners were approved for initial and recredentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation**. (Attach list, if applicable).*

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	5	8	13	0
Total # of Recreds	26	216	75	0

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension	0	0	0	0
Total # of Terminations	0	0	0	0
Total # of Resignations	0	0	0	0

Site Visit for Complaint Monitoring	Number of Complaints	0	Number of Site Audits Conducted	0

IMPROVEMENT ACTIVITIES: Check here if no activities ☒
Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).
 Updates may be found at this link:
 http://stanfordhealthcare.org/health-care-professionals/medical-staff/health-plans.html

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title):   Brian Borders Lead Medical Staff Coordinator   Date: 05/03/2021

Industry Collaboration Effort

Santa Clara Valley Health & Hospital Systems Delegated Credentialing
ICE Quarterly Credentialing Submission Form

Delegate Name: Santa Clara Valley Health & Hospital Systems (SCVHHS)

Reporting Period: ☒ **1ˢᵗ Quarter** (due May 15ᵗʰ)   ☐ **3ʳᵈ Quarter** (due November 15ᵗʰ)
(Check One Box)   ☐ **2ⁿᵈ Quarter** (due August 15ᵗʰ)   ☐ **4ᵗʰ Quarter** (due February 15ᵗʰ)

POLICY: requires all delegated groups to complete this form and return it to the contact listed below on a Quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:
Santa Clara Family Health Plan (SCFHP)

Check One Box Only

☐ **NO** [Health Plan] practitioners were discussed and/or reviewed for initial and recredentialing approvals or denials during this time.

☒ At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
1/20/201, 2/17/2021, 3/17/2021
The following practitioners were approved for initial and recredentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation**. (Attach list, if applicable).*

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	2	14	97	1
Total # of Recreds	13	32	36	35

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension	0	0	0	0
Total # of Terminations	0	0	0	0
Total # of Resignations	0	0	0	0

Site Visit for Complaint Monitoring	**Number of Complaints**	0	**Number of Site Audits Conducted**	0

IMPROVEMENT ACTIVITIES: Check here if no activities ☒
Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).
VHP added additional credentialing & support staff to the Credntialing Department; VHP is continuing to search for a credentialing software that will fulfill Health Plan credentialing standards and improve credentialing processes in the department..

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title):   Jamie Albright, Provider Relations Specialist   Date: 4/14/2021

Delegated Credentialing
ICE Quarterly Credentialing Submission Form

Delegate Name: <u>Vision Service Plan (VSP)</u>

Reporting Period: ☑ **1st Quarter (**due May 15th**)**   ☐ **3rd Quarter (**due November 15th**)**
(Check One Box)   ☐ **2nd Quarter (**due August 15th**)**   ☐ **4th Quarter (**due February 15th**)**

> POLICY: All delegated groups must complete this form and return it to the address listed below on a quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:
>
> Oversight
> Santa Clara Family Health Plan
> 6201 San Ignacio Ave, San Jose, CA 95119
> Email: oversight@scfhp.com

Check One Box Only

☐ NO practitioners were discussed and/or reviewed for initial and recredentialing issues, concerns or problems.

☑ At the Credentialing Committee meeting(s) on (list all dates during this reporting period)
01/08/2021, 01/20/2021, 01/25/2021, 01/29/2021, 02/05/2021, 02/17/2021, 02/22/2021, 02/26/2021, 03/05/2021, 03/17/2021, - (ADVTG - CA)
The following practitioners were approved for initial and recredentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation.** (Attach list, if applicable).*

	PCP?s MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of initial creds		95		
Total # of recreds		214		

(For Quality of Care ONLY)	PCP?s MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of suspensions				
Total # of terminations		0		
Total # of Resignations				

Site Visit for Complaint Monitoring	Number of Complaints		Number of Site Audits Conducted	

IMPROVEMENT ACTIVITIES: Check here if no activities ☑
Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).

_____

_____

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title)___*Shoreen Noguchi*_____ Date <u>04/01/2021</u>

Delegated Credentialing
ICE Quarterly Credentialing Submission Form

Delegate Name: <u>Vision Service Plan (VSP)</u>

Reporting Period: ☑ **1st Quarter (**due May 15th**)**   ☐ **3rd Quarter (**due November 15th**)**
(Check One Box) ☐ **2nd Quarter (**due August 15th**)**   ☐ **4th Quarter (**due February 15th**)**

> POLICY: All delegated groups must complete this form and return it to the address listed below on a quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:
> Oversight
> Santa Clara Family Health Plan
> 6201 San Ignacio Ave, San Jose, CA 95119
> Email: oversight@scfhp.com

Check One Box Only

☐ NO practitioners were discussed and/or reviewed for initial and recredentialing issues, concerns or problems.

☑ At the Credentialing Committee meeting(s) on (list all dates during this reporting period)
__01/08/2021, 01/20/2021, 01/25/2021, 01/29/2021, 02/05/2021, 02/17/2021, 02/22/2021, 02/26/2021, 03/05/2021, 03/17/2021, - (MCDCA - CA)__

The following practitioners were approved for initial and recredentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation.** (Attach list, if applicable).*

	PCP?s MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of initial creds		28		
Total # of recreds		94		

(For Quality of Care ONLY)	PCP?s MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of suspensions				
Total # of terminations		0		
Total # of Resignations				

Site Visit for Complaint Monitoring	Number of Complaints		Number of Site Audits Conducted	

IMPROVEMENT ACTIVITIES: Check here if no activities ☑
Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).
_____
_____

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title)_____*Shoreen Noguchi*_____ Date <u>04/01/2021</u>

Santa Clara Family Health Plan™

Procedure Title:	Credentialing and Recredentialing	Procedure No.:	CR.01.01 v4
Replaces Procedure Title (if applicable):	Credentialing and Recredentialing	Replaces Procedure No. (if applicable):	CR.01.01 v3
Issuing Department:	Credentialing	Procedure Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

This procedure is to establish a well-defined credentialing and recredentialing process for evaluating and selecting licensed practitioners in accordance with the National Committee for Quality Assurance (NCQA), the Department of Health Care Services (DHCS), the Department of Managed Health Care (DMHC), and the Centers for Medicaid and Medicare Services (CMS), in order to provide care to SCFHP members. Through this procedure, SCFHP ensures that participating practitioners meet basic qualifications before delivering care to members and re-verifies the qualifications of participating practitioners. This procedure describes the uniform process for collecting, validating, and evaluating the credentials of all contracted practitioners.

II. Procedure

A. Scope and Applicability

1. The scope of this policy and procedure applies to the credentialing/recredentialing and monitoring of: Physicians (MD), Oral Surgeons, Dentists (DDS), Podiatrists (DPM), Doctors of Osteopathy (DO), Nurse Practitioners (NP), Physician Assistants (PA), Certified Nurse Mid-Wife (CNM), Clinical Nurse Specialists (CNS), Chiropractors (DC), Optometrists (OD), Clinical Psychologists (Ph.D.), Behavioral Health Practitioners such as Marriage Family Therapists (LMFT), Licensed Clinical Social Workers (LCSW), and other ancillary, allied health professionals or mid-level practitioners, as applicable, who desire to participate with SCFHP.

    a. This policy does not apply to practitioners that are providing services pursuant to temporary Letters of Agreement; Continuity of Care arrangements; urgent or emergent practitioners; or practitioners who exclusively practice within the inpatient hospital setting. Hospital based practitioners are credentialed by the hospital on a two-year cycle.

2. Any Delegated Entity to whom SCFHP delegates credentialing and recredentialing activities must meet all requirements of this policy.

B. Responsibilities

1. SCFHP retains ultimate accountability for the credentialing and recredentialing of practitioners. SCFHP designates the Credentialing Committee as the body responsible for reviewing and approving credentialing policies; reviewing credentialing and recredentialing files and making decisions regarding approval or denial of practitioners for participation with SCFHP, including the review of

credentialing activities performed by delegated entities, and reviewing cases that require evaluation by the Peer Review Committee. Refer to procedure CR.08.01 Credentialing Committee.

2. The Quality Improvement Committee has (i) oversight accountability for the Credentialing Committee and Peer Review Committee; (ii) responsibility for reviewing the effectiveness of the credentialing program; (iii) oversight and approval of any delegated activity.

3. Credentialing and recredentialing decisions are based upon a practitioner's qualifications without unlawfully discriminating on the basis of race, sex, religion, color, ethnic/national identity, national origin, gender, age, physical disability, mental disability, U.S. military veteran status, sexual orientation, or marital status or patient type (eg Medi-Cal) in which the practitioner specializes.

   SCFHP has a process for preventing and monitoring discriminatory practices. SCFHP protects against discrimination by having a diverse and heterogeneous panel of Credentialing Committee members, and requiring its Credentialing Committee members to sign annual non-discrimination affirmations.

   At least annually, SCFHP monitors the credentialing and recredentialing processes for discriminatory practices by:

   - Reviewing its policies and procedures;
   - Having voting member sign an annual non-discrimination affirmations attestation; and
   - Having all members sign a sign-in sheet with a non-discrimination statement each meeting

   In addition, SCFHP conducts annual audits of providers who were denied network participation, to identify and take steps to address any discriminatory trending.

4. Credentialing and recredentialing decisions are not based on the kind of patients the practitioner serves or the kind of procedures in which the practitioner specializes.

5. The Chief Medical Officer is responsible for (i) oversight of the credentialing program; (ii) evaluation of credentialing policy and procedures; and (iii) pre committee review of credentialing and recredentialing applications.

C. Confidentiality

SCFHP maintains the confidentiality of practitioner information. Refer to procedure CR.08.01 Credentialing Committee.

D. Discrimination

SCFHP takes steps to prevent discriminatory credentialing decisions. Refer to the procedure CR.08.01 Credentialing Committee.

E. Delegated Activities

SCFHP delegates credentialing and recredentialing activities and decision-making, as described in the mutually agreed upon delegation documents between SCFHP and its Delegated Entities. The delegation of credentialing activities is described in procedure CR.05.01 Delegation of Credentialing and Recredentialing.

F. Periodic Review of Policy

The Credentialing Committee reviews and revises, as necessary, SCFHP'S policies for credentialing and recredentialing at least annually in order to maintain compliance with the credentialing and recredentialing standards of SCFHP, the National Committee for Quality Assurance (NCQA) and all applicable federal and state regulatory requirements.

PROCEDURE

G. Credentialing Process

1. Pre-Contracting Qualifications

   a. The following practitioners' hospital admitting privileges must be in good standing with an SCFHP contracted hospital: Physicians (MD), Podiatrists (DPM) and Doctors of Osteopathy (DO).

      i. Written documentation of other arrangements made for hospital admitting privileges, such as admitting to a hospital or skilled nursing facility under the care of an attending physician, may be accepted.

   b. The following practitioner types may serve as Primary Care Physicians (PCP): General Practice, Family Practice, Internal Medicine, Geriatricians, OB/GYN and Pediatricians.

   c. Any practitioner interested in participating in SCFHP's networks may submit a Letter of Interest and a copy of their current Curriculum Vitae.

   d. The Provider Network Management department, is accountable for conducting a network assessment and determination of whether to extend a contract to a practitioner. SCFHP's Contracts Committee has responsibility regarding whether to extend a contract to medical group or hospital. SCFHP retains the right to make universal decisions about which practitioners and facilities will be accepted at a given time, which could apply to new incoming, and pending Letters of Interest.

      i. If approved for contracting, the practitioner is added to the Credentials Verification Organization (CVO) database. The CVO pulls the application and supporting documents from the Counsel for Affordable Quality Healthcare (CAQH) site. - Should a practitioner not be registered with CAQH, they are asked to enroll or submit a California Participating Practitioner Application (CPPA) and required documents.

      ii. For new PCP or high volume specialists' sites, the SCFHP Credentialing Department notifies the Quality Improvement Department to schedule a Facility Site Review and Medical Record Review (FSR/MMR). Refer to the policy QI.07 Physical Access Compliance and procedure QI.07.01 Physical Access Compliance and Medical Record Review.

      iii. If the Contracts Committee declines to contract with the practitioner a written notification is sent from SCFHP's Credentialing Department and a copy of the notification saved to their potential practitioner e-file.

H. Provisional Credentialing

1. Provisional Credentialing may be used when it is in the best interest of SCFHP members to have the practitioner available before the initial credentialing process is complete. SCFHP follows the NCQA conditions for provisional credentialing of a practitioner:

   a. The applicable licensing board is verified for currency and validity.

   b. Verification of the last five (5) years history of malpractice claims, settlements and judgments history is obtained through written communication of from the practitioner's malpractice carrier or the National Practitioners Data Bank (NPDB).

   c. The practitioner is required to submit a completed, signed and dated application and attestation to SCFHP.

   d. Upon completion of review and evaluation based on the above practitioner's credentialing information, the Credentialing Committee makes a decision regarding approval or denial of the practitioner to provide health care services to SCFHP members.

   e. SCFHP will not hold a practitioner in provisional status for more than 60 calendar days at which time the full credentialing process will be completed.

PROCEDURE

     f.   A practitioner may only receive provisional credentialing one time.

  I.   **Credentialing Criteria**

    1.   Application

       a.   SCFHP does not charge practitioners an application fee.

       b.   The practitioner must meet the following elements:

- A current and unrestricted valid state professional license to practice in the State of California from the appropriate licensing board;

- A valid federal Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS) certificate, as applicable; and Clinical Laboratory Improvements Amendment (CLIA) certificates, when applicable;

- Graduation from medical school (or other applicable professional school) and completion of a residency, as applicable:

  - MDs and DOs: Graduation from medical school and completion of residency training.

  - DCs: Graduation from a chiropractic college.

  - DDSs: Graduation from dental school and completion of specialty training, as applicable.

  - DPMs: Graduation from podiatry school and completion of a residency, as applicable.

  - Ancillary, Allied Health Professionals and Mid-Level Practitioners: Graduation from a professional school, and completion of specialty training and hours, as applicable.

- Board certification is strongly encouraged but not required;

- The scope of practice:

  - Education and training must be appropriate for the specialty type reflected in the application.

  - Practitioners may only provide care to SCFHP members under the exact specialty identified in the application.

  - Practitioners are required to go through the credentialing process for all changes in scope of practice. Furthermore, practitioners are required to obtain approval from SCFHP's Credentialing Committee prior to seeing SCFHP members under an additional or new scope of practice;

- Work history for at least the past five (5) years, or less in the case of newly licensed practitioner;

- Proof of current professional liability insurance coverage (malpractice) in amounts equal to a minimum of one million ($1,000,000) per occurrence and three million ($3,000,000) aggregate, with expiration date. for federal tort coverage, practitioner attests by including a copy of the federal tort letter of coverage;

- Professional liability claims history for, at a minimum, the past five (5) years, with details of any claims/lawsuits that resulted in settlements or judgments paid by or on behalf of the practitioner, as well as the outcome;

- Demonstration of 24/7 coverage for access to medical care and advice for SCFHP members, when applicable;

- Affirmative attestations to all attestation questions, including, but not limited to:

  ➢ An attestation by the practitioner regarding their ability to perform the essential functions of the position, with or without accommodation;

  ➢ An attestation by the practitioner regarding lack of present illegal drug use;

  ➢ An attestation by the practitioner regarding history of loss or limitation of professional license and/or felony convictions;

  ➢ An attestation by the practitioner regarding history of loss or limitation of privileges or disciplinary activity;

  ➢ An attestation by the practitioner of the correctness and completeness of the application; and

- A signed consent and release form, dated within previous 12 months.

c. Medi-Cal Managed Care Screening and Enrollment Requirements

- All network practitioners must enroll in the Medi-Cal Program through the DHCS Screening and Enrollment process which includes the practitioner entering into an agreement with DHCS. Practitioners must enroll with Medi-Cal at: www.DHCS.CA.GOV/provgovpart/pages/applicationpackagesalphabeticalbyprovidertype.aspx

- SCFHP accepts screening and enrollment results from DHCS. SCFHP will not offer screening and enrollment through SCFHP and does not delegate the screening and enrollment process to subcontractors.
  o An exception to the Medi-Cal Managed Care Screening and Enrollment is when a network practitioner is providing services covered exclusively under the Medicare portion of the Cal MediConnect benefit plan. Providers who only provide Medicare covered services do not have to be enrolled in Medi-cal, but must meet all other credentialing and monitoring requirements.

- All practitioners that apply as a partnership, corporation, governmental entity, or nonprofit organization must disclose ownership or control information. DHCS requires fingerprinting and background checks of all practitioners and persons who own 5% or more direct or indirect ownership in a high-risk applicant. Unincorporated sole-proprietors are not required to disclose the ownership or control information.

- DHCS determines and processes the screening requirements for all practitioners based on risk level. DHCS has defined practitioners as Limited, Medium, or High risk; and if a practitioner fits within more than one risk level, DHCS screens the practitioner at the highest risk level.

- DHCS coordinates all related fingerprinting, criminal background checks for high-risk practitioners and maintains all decisions to deny or terminate enrollment all risk level practitioners

- Medium-risk and High-risk practitioners are subject to pre- and post-enrollment site visits by DHCS, as well as unannounced onsite inspections at all practitioner locations by either DHCS or SCFHP.

PROCEDURE

- Any practitioner that wishes to appeal the results of the screening and enrollment process, must do so directly with DHCS.

- SCFHP requires proof of Medi-Cal enrollment prior to credentialing. SCFHP may decline to accept practitioners who are not enrolled and screened with DHCS Medi-Cal. SCFHP may immediately terminate all contracts and credentialing efforts or document if a practitioner is not successfully enrolled or re-enrolled as a Medi-Cal Provider.

- SCFHP may, at its sole discretion decline to accept the application of any practitioner. If SCFHP declines to accept a practitioner's application, a written notification is sent from SCFHP's Credentialing Department and a copy of the notification saved to their potential practitioner e-file. In the event a practitioner's application is declined, the practitioner may seek enrollment through DHCS.

d. Practitioner Rights

- Practitioners have the right to review and correct erroneous information obtained by SCFHP for the purpose of evaluating that practitioner's credentialing application. This includes non-privileged information obtained from any outside source, such as malpractice claims history, state license actions, or board certifications. SCFHP does not share information on references, recommendations, peer-review information, or sources that are protected by law from disclosure. Practitioners may request to review such information at any time by sending a written request to SCFHP's credentialing department. The credentialing department will respond to the practitioner within 5 business days, notifying them of the date and time when such information will be available for review at the SCFHP's offices.

- SCFHP's credentialing department or its CVO will promptly notify a practitioner when information obtained by primary sources varies substantially from information provided on the practitioner's application or when obtaining information needed to credential a practitioner. Practitioners must submit a written response with a detailed explanation of the correction within 2 business days of SCFHP's notification to the practitioner or within 1 business day of a practitioner's review of his/her credentialing file. Practitioners must correct erroneous information with the primary source directly. Practitioners must notify SCFHP when the correction is complete with the primary source. Upon notice of the correction SCFHP will re-verify the primary source information under dispute. If the primary source information has been corrected, the correction will be applied immediately to the practitioner's credentialing file. SCFHP may notify practitioner that the correction has been applied to his/her credentialing file.

  If the primary source information remains inconsistent with the practitioner's application, SCFHP will notify the practitioner of the continued discrepancy. The practitioner may then provide proof of correction by the primary source body to SCFHP within 10 business days. SCFHP or its CVO will re-verify primary source information if such documentation is provided. If practitioner does not respond to SCFHP's request for additional, clarifying, or corrected information, practitioner's credentialing application will be closed without further notice due to 'incomplete application'. SCFHP documents receipt of corrected information or details for non-correction in the practitioner's credentialing file.

However, practitioner may reinitiate application by submitting the requested information within 10 business day of the date on the last notice.

- SCFHP accepts information via phone (408-376-2000), fax (408-376-3537), email (credentialing@scfhp.com), mail, or certified mail. SCFHP responds via phone, fax, email, mail or certified mail.

e. Application Status

- Practitioners have the right to be informed of the status of their credentialing application at their request.

- Practitioners are notified of these rights in the Letter of Interest

- Practitioners may inquire about the status of their credentialing application. SCFHP responds to requests within 7 business days and shares: the application status; informs practitioner if there are discrepancies or missing information as outlined in the Practitioner Rights section; whether the credentialing file is ready for the next Credentialing Committee meeting; and the date the credentialing file will be presented to the Committee for a decision.

- In the event that the CVO is unable to obtain complete data from the practitioner, the CVO notifies the Credentialing Department. If the Credentialing Department is also unable to obtain the missing data then a written notification is sent to the practitioner via certified mail advising that the application process is closed without further action due to 'incomplete application'.

  However, practitioner may reinitiate application by submitting the missing information within 10 calendar days of the date on the last notice.

- SCFHP accepts information via phone (408-376-2000), fax (408-376-3537), email (credentialing@scfhp.com), mail, or certified mail. SCFHP responds via phone, fax, email, mail or certified mail.

2. Credentialing File

a. SCFHP maintains a credentialing file for each practitioner and ensures the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law. Refer to procedure CR.08.01Credentialing Committee.

b. The credentialing files are organized in a standardized format.

c. The credentialing file includes at a minimum:

- a completed, signed and dated credentialing application;

- a signed and dated consent/release form;

- evidence of primary source verification as specified in this Policy and Procedure; and

- results of the FSR/MMR for PCP's, if applicable. .

3. Primary Source Verification

a. SCFHP's CVO performs all of the primary source verification. This credentialing information can be either written or oral, unless otherwise noted. Oral verification requires a dated, signed notation in the credentialing file stating who verified the item and how it was verified. Written verification may take the form of documented review of cumulative reports released by primary sources of credentials data.

PROCEDURE

b. All credentialing information is verified within 180 days from the date on the signed application.
c. Documentation for verification of credentialing information through primary sources verification is included in the practitioner's credentialing file, and includes, at a minimum, the following:

- **State Professional License:** Verification is obtained directly from the applicable state licensing board/agency.

- **DEA or CDS Certificate (and State Controlled Substance Certificate, if applicable):** Verification is obtained through a copy of the practitioner's current DEA or CDS certificate or by querying the National Technical Information Service (NTIS) database. Primary source verification is not required.

- **Education:**

  Physicians: Primary source verification is obtained from the highest level as applicable. Verification of graduation from medical school and completion of a residency is obtained in one of the following ways:

  - If the physician is board certified, medical school graduation and completion of a residency is verified from one of the following sources: (i) entry in the American Board of Medical Specialties (ABMS) Compendium or the American Osteopathic Association (AOA) Directory of Osteopathic Physicians; (ii) confirmation from the appropriate specialty board; (iii) entry in the American Medical Association (AMA) Physician Master File; or (iv) confirmation from the state licensing agency/board, if the agency/board conducts verification of board status.

    and/or

  - If the physician is not board certified, completion of a residency is verified from one of the following: (i) confirmation from the residency training program; (ii) entry in the AMA Physician Master File or AOA Physician Master File; or (iii) confirmation from the state licensing agency/board, if the agency/board conducts primary verification of residency training.

    and/or

  - If the physician is not board certified, graduation from medical school is verified from one of the following: (i) confirmation from the medical school; (ii) entry in the AMA Physician Master File or AOA Physician Master File; (iii) confirmation from the Association of American Medical Colleges; or (iv) confirmation from the state licensing agency/board, if the agency/board conducts primary verification of graduation from medical school.

  Chiropractors: Graduation from a chiropractic college is confirmed through documentation from an accredited chiropractic college whose graduates are recognized as candidates for licensure by the regulatory agency/board/authority issuing the license, at the time the license was issued. Graduation may be confirmed by the state-licensing agency, if the agency conducts primary verification of this credential.

  Dentists: Completion of dental school is confirmed by the dental school or by documentation from the American Dental Association's (ADA's) Master File. Residency training is confirmed by the appropriate specialty program or entry in the ADA Master File. Dental school graduation and completion of residency training is confirmed from the state licensing agency/board, if the agency/board conducts primary verification of this credential.

PROCEDURE

Podiatrists: Graduation from podiatry school and completion of a residency program, if any, is verified in one of the following ways:

- If the podiatrist is board certified, podiatry school and residency is verified through one of the following: (i) the appropriate specialty board, if the certifying board conducts primary verification of podiatry school graduation and completion of a residency; (ii) entry in a podiatric specialty board Master File, if the certifying board conducts primary verification of podiatry school graduation and completion of a residency; or (iii) confirmation by the state licensing agency/board, if the agency/board conducts primary verification of board status.

    and/or

- If the podiatrist is not board certified, completion of residency training is verified from one of the following: (i) confirmation by the residency training program; (ii) entry in a podiatric specialty board master file, if the certifying board conducts primary verification of podiatry school graduation and completion of a residency; or (iii) confirmation by the state licensing agency, if the agency conducts primary verification of residency training.

    and/or

- If the podiatrist has not completed a residency, graduation from podiatry school is verified from one of the following: (i) confirmation by the podiatry medical school; (ii) entry in a podiatric specialty board master file, if the certifying board conducts primary verification of podiatry school graduation; or (iii) confirmation by the state licensing agency, if the agency conducts primary verification of podiatry school.

4. Board Certification and Provider Directories

    Listings in practitioner directories and other materials for members are consistent with credentialing data including education, training, certification and specialty. Board certification is not mandatory. However, if the practitioner states on the application that he or she is board certified, then verification of board certification is obtained through one of the following sources: (i) entry in the American Board of Medical Specialties (ABMS) Compendium; (ii) entry in the AMA Physician Master File or AOA Physician Master File or AOA Directory of Osteopathic Physicians; (iii) Certifacts; (iv) confirmation from the appropriate specialty boards.

5. Work History

    A minimum of five (5) years of work history must be included on the application, curriculum vitae, or other documentation, including the beginning and ending month and year for each position. Gaps greater than six months are clarified by practitioner verbally or in writing. Gaps greater than one year are clarified by practitioner in writing. A work history of less than five years may be accepted in the case of newly licensed practitioners.

6. Queries

    Prior to making a credentialing decision, SCFHP's CVO on behalf of the Credentialing Department requests information with respect to the practitioner's malpractice claims history, disciplinary actions or sanctions or limitation on licensure from the applicable designated organizations and includes this information in the practitioner's credentialing file.

7. Professional Liability Claims History

    Verification of malpractice claims history is obtained through written confirmation of the last five (5) years of history of malpractice settlements or judgments from the practitioner's malpractice carrier or the National Practitioners Data Bank (NPDB).

PROCEDURE

8. National Practitioner Data Bank

    SCFHP's CVO queries the National Practitioner Data Bank to obtain information regarding (i) any disciplinary actions taken by hospitals and/or managed care organizations that limited, suspended or revoked the practitioner's privileges, and (ii) any malpractice claims/lawsuits filed against the practitioner.

9. Sanctions or Limitations on Licensure

    SCFHP's CVO queries the following state agencies/boards, as applicable to obtain information regarding any adverse actions, previous and/or current state sanctions, restrictions or limitations on licensure or any disciplinary actions taken against the practitioner's licensure and/or limitations on scope of practice for the past ten (10) years.

    a. Physicians: the State Board of Medical Examiners or the Federation of State Medical Boards (FSMB),
    b. Chiropractors: the State Board of Chiropractic Examiners or the Federation of Chiropractic Licensing Boards' Chiropractic Information Network/Board Action Databank
    c. Dentists: the State Board of Dental Examiners,
    d. Podiatrists: the State Board of Podiatric Examiners or the Federation of Podiatric Medical Boards, and
    e. Ancillary, Allied Health Professionals and Mid-Level Practitioners: the applicable State licensing Board or Agency.

10. Medicare and Medicaid Sanctions

    SCFHP's CVO verifies the practitioner's identity and Medicare and Medicaid practitioner status and reviews previous sanction activity by Medicare and Medicaid through a query of the National Practitioner Data Bank. This query pertains to all practitioners (even those not currently involved with Medicare or Medicaid).

11. Practitioner Facility Site and Medical Record Review (FRS/MRR)

    a. FSR/MRR is required for all new PCP and all OB/GYN Practitioner sites who function as a PCP.
    b. The on-site FSR/MRR is conducted by the Quality Improvement Department (QI) in accordance with Quality Improvement Policies and Procedures.
    c. Practitioners must pass the FSR/MRR before being presented to the Credentialing Committee.
    d. The results are maintained in the Quality Improvement Department and the scores are reflected in the practitioner's credentialing file.
    e. The Quality Improvement Department notifies the practitioner of their Facility Site Review and Medical Records Review score in writing.
    f. If a practitioner fails the Facility Site Review and Medical Record Review audit then:

        - The practitioner may not re-apply for one year from the date of committee review.

        - Notification will be sent from Credentialing Department that SCFHP will not be moving forward with the contracting and credentialing process.

12. Peer References

    . SCFHP Credentialing Staff may verify peer references identified on the application at the request of the Chief Medical Officer (CMO) or Credentialing Committee.

13. Credentialing Committee Action

    SCFHP credentials practitioners before they provide care to members as a contracted provider. The Credentialing Committee is responsible for reviewing practitioner's credentialing file and make determination on which practitioners may participate in the network.

PROCEDURE

    a. Credentialing Files

    b. The Credentialing Committee has given the CMO, or their designee such as a Medical Director or qualified physician, the authority to evaluate, review, and approve certain clean credentialing files.

All credentialing files are reviewed by SCFHP's Chief Medical Officer prior to review by the Credentialing Committee.

1. Credentialing files of practitioners that meet SCFHP's credentialing criteria are reviewed by the Credentialing Committee as routine cases. Credentialing Committee members have the opportunity to review the credentials of all practitioners. The information available to the Credentialing Committee may include the application, supplemental documentation and verification of all credentialing information. .

    c. Clean File

SCFHP defines a clean credentialing file as a file that possesses:

1. Complete credentialing application information
2. All established criteria as set forth in this procedure,
3. Primary source verification elements which are complete and without questions, concerns, and
4. No licensure limitations or sanctions for the past ten (10) years, as applicable.

If the Chief Medical Officer, or designee, evaluates and approves clean initial credentialing files, the following steps are taken:

- The clean initial credentialing file must include evidence of the Chief Medical Officer's (CMO) or their designee's evaluation and decision. The CMO's, or their designee's approval date is considered the "Credentialing Decision Date." The Initial credentials must be verified within the specified time limits and must be valid at the time of the Credentialing Committee's or CMO's or their designee's review and approval.
- The Credentialing Department presents all.
- credentialing files of practitioners that meet SCFHP's credentialing criteria to the Credentialing Committee as routine cases. Credentialing Committee members have the opportunity to review the credentials of all practitioners. The information available to the Credentialing Committee may include the application, supplemental documentation and verification of all credentialing information

    d. Not Clean File

All initial credentialing files that do not meet the definition of a clean initial credentialing file are reviewed but not approved by the CMO, and are presented to the Credentialing Committee for review and decision for participation in SCFHP's network. The Credentialing Committee may request additional information be obtained in order to assist in the evaluation process.

Credentialing Committee makes a determination regarding approval or denial of the practitioner to provide health care services to SCFHP members. The practitioner is notified of the Credentialing Committee decision in writing within 60 days of the committee decision.

J. **Recredentialing Criteria**

1. Introduction

SCFHP identifies and evaluates any changes in the practitioner's licensure, current competency, clinical privileges, training, and experience he or she is providing to SCFHP's members.

2. Recredentialing Application

PROCEDURE

a. SCFHP does not charge practitioners an application fee.
b. Every three (3) years, a recredentialing application is furnished to the practitioner.
c. The practitioner must complete, sign and return the recredentialing application to SCFHP's CVO within 30 days. By completing a recredentialing application, the practitioner signifies his or her continuing agreement to abide by all of SCFHP's policies and procedures.
d. The recredentialing application form requests that the practitioner update the information required on the initial credentialing application form, including, at a minimum:

- Valid, unrestricted state license to practice;

- Clinical privileges in good standing at the hospital designated by the practitioner as the primary admitting facility, as applicable;

- Valid DEA or CDS certificate, as applicable;

- Current, adequate malpractice insurance, according to SCFHP 's requirements; professional liability claims history, with details of any claims/lawsuits that resulted in settlements or judgments paid by or on behalf of the practitioner; and

- Current, signed attestation statement by the practitioner regarding: (i) lack of physical or mental impairment that would substantially impede the practitioner's ability to perform services in his or her area of practice as an SCFHP practitioner; (ii) lack of present illegal drug use and (iii) correctness and completeness of all information submitted.

e. Practitioner rights

- Practitioners have the right to review and correct erroneous information obtained by SCFHP for the purpose of evaluating that practitioner's recredentialing application. This includes non-privileged information obtained from any outside source, such as malpractice claims history, state license actions, or board certifications. SCFHP does not share information on references, recommendations, peer-review information, or sources that are protected by law from disclosure. Practitioners may request to review such information at any time by sending written request to SCFHP's credentialing department. The credentialing department will respond to the practitioner within 5 business days, notifying them of the date and time when such information will be available for review at the SCFHP's offices.

- SCFHP's credentialing department will promptly notify a practitioner when information obtained by primary sources varies substantially from information provided on the practitioner's application or when SCFHP or its CVO has difficulty obtaining information needed to recredential a practitioner. Practitioners must submit a written response with a detailed explanation of the correction within 2 business days of SCFHP's notification to the practitioner or within 1 business day of a practitioner's review of his/her recredentialing file. Practitioners must correct erroneous information with the primary source directly. Practitioners must notify SCFHP when the correction is complete with the primary source. Upon notice of the correction, SCFHP will re-verify the primary source information under dispute. If the primary source information has been corrected, the correction will be applied immediately to the practitioner's recredentialing file. SCFHP may notify practitioner that the correction has been applied to his/her recredentialing file.

  If the primary source information remains inconsistent with the practitioner's application, SCFHP will notify the practitioner of the continued discrepancy. The practitioner may then provide proof of correction by the primary source body to SCFHP within 10 business days. SCFHP will re-verify primary source information if such documentation is provided. If practitioner does not respond to SCFHP's request for additional, clarifying, or corrected

information practitioner's recredentialing application will be closed without further notice due to 'incomplete application'. SCFHP documents receipt of corrected information or details for non-correction in the practitioner's recredentialing file.

However, practitioner may reinitiate application by submitting the requested information within 10 business days of the date on the last notice.

- SCFHP accepts information via phone (408-376-2000), fax (408-376-3537), email (credentialing@scfhp.com), mail, or certified mail. SCFHP responds via phone, fax, email, mail or certified mail.

Application Status

- Practitioners have the right to be informed of the status of their recredentialing application at their request.

- Practitioners are notified of these rights in the application packet.

- Practitioner may inquire about the status of their recredentialing application. SCFHP responds to requests within 7 business days and shares: the application status; informs practitioner if there are discrepancies or missing information as outlined in the Practitioner Rights section; whether the recredentialing file is ready for the next Credentialing Committee meeting; and the date the recredentialing file will be presented to the Committee for a decision.

- In the event that the CVO is unable to obtain complete data from the practitioner, the CVO notifies the Credentialing Department. If the Credentialing Department is also unable to obtain the missing data then a written notification is sent to the practitioner via certified mail advising that the application process:

  ➢ is closed without further action due to 'incomplete application', and

  ➢ the contract will be terminated, according to the term notice in the contract.

  ➢ However, the practitioner may reinitiate the contract and recredentialing application by submitting the requested information within 15 calendar days of the original notice; otherwise SCFHP initially credentials the practitioner again.

- SCFHP accepts information via phone (408-376-2000), fax (408-376-3537), email (credentialing@scfhp.com), mail, or certified mail. SCFHP responds via phone, fax, email, mail or certified mail.

  f. Falsification of the recredentialing application may result in immediate termination of the practitioner's participation in SCFHP's network.

3. Primary Source Verification

   a. Upon receipt of a completed recredentialing application, SCFHP's CVO collects and re-verifies the practitioner's professional credentials and qualifications through primary sources of verification in the same manner as was required for the initial credentialing process, and documents the information in the practitioner's recredentialing file.

   b. Information is collected and re-verified through primary sources within 180 days from the date on the signed application.

4. Queries

   SCFHP's CVO queries (i) the National Practitioner Data Bank; (ii) the State Board of Medical Examiners or other applicable state licensing agency/board, and (iii) the Medicare and Medicaid

sanction reports, in the same manner as was required for the initial credentialing process as described in this Section II.I.6 of this procedure.

5. Practitioner Facility Site /Medical Record Review

The on-site Facility Site Review and Medical Record Review is conducted by the Quality Improvement Department in the same manner as was required for the initial credentialing process as described in Section II.I.11 of this procedure.

6. Performance Monitoring Data

The SCFHP Quality Improvement Department and the Grievance and Appeals Department coordinate the collection of information related to professional performance, judgment and clinical competence over the previous three (3) years for each participating practitioner. A formal evaluation of the practitioner's performance may include review of the following elements, when applicable:

   a. Medicare and Medicaid sanctions

   b. Sanctions or limitations on licensure

   c. Member complaints regarding the practitioner and/or Member satisfaction

   d. Results from quality improvement activities such as information from identified adverse events, or potential quality issues.

   e. Review of utilization data

7. Recredentialing Information

SCFHP Credentialing Department maintains the recredentialing information in each practitioner's recredentialing file.

8. Credentialing Committee Action

   a. The Credentialing Committee uses a peer review process to make recommendations regarding credentialing decisions. The Credentialing Committee reviews and evaluates all information provided on the re-credentialing application, including all verifications of credentialing information and practitioner performance data and takes action in the same manner as specified for initial credentialing of the practitioner.

   b. All recredentialing files are reviewed by SCFHP's Chief Medical Officer prior to review by the Credentialing Committee.

      1. Recredentialing files of practitioners that meet SCFHP's recredentialing criteria are reviewed by the Credentialing Committee as routine cases. Complete practitioner recredentialing files are available for review by the Credentialing Committee upon request.

      2. For Recredentialing files where practitioner's privileges are restricted, suspended, or terminated, SCFHP's policies regarding Restriction, Suspension and/or Termination of Practitioners applies. Refer to policy CR.04 Notification to Authorities and Practitioner Appeal Rights, and procedure CR.04.01 Notification to Authorities and Practitioner Appeal Rights.

   c. Approval or Denial

   Upon completion of its review and evaluation of the practitioner's recredentialing information, including health status, all verifications of recredentialing information from primary sources, and

the results of the on-site Facility Site Review and Medical Record Review, the Credentialing Committee makes a decision regarding approval or denial of the practitioner to provide health care services to SCFHP members. The practitioner is notified of the Credentialing Committee's decision in writing within 60 days of the decision.

d. Clean File

- The Credentialing Committee may review all recredentialing files, or it may give the Chief Medical Officer (CMO), or their designee such as a Medical Director or qualified physician, authority to evaluate, review, and approve certain clean recredentialing files.

- SCFHP defines clean recredentialing files as files that possesses:
  1. complete recredentialing application information
  2. all established criteria is met as set forth in this procedure,
  3. primary source verification elements are complete and without questions or concerns, and
  4. no licensure limitations or sanctions for the past three (3) years, as applicable

- If the Chief Medical Officer, or designee, evaluates and approves clean recredentialing files, the following steps are taken:

  ➢ The clean recredentialing file must include evidence of the Chief Medical Officer's (CMO) or their designee's evaluation and decision. The CMO's approval date is considered the "Credentialing Decision Date." Recredentials must be verified within the specified time limits and must be valid at the time of the Credentialing Committee's or CMO's or their designee's review and approval.

  ➢ The Credentialing Department presents all clean recredentialing files approved by the CMO or their designee at the next scheduled Credentialing Committee meeting.

  ➢ All recredentialing files that do not meet established criteria thresholds are reviewed but not approved by the CMO, and are presented to the Credentialing Committee for final review and decision for participation in SCFHP's network.

K. **Ongoing Monitoring**

SCFHP conducts ongoing monitoring of practitioner sanctions, complaints and quality issues between recredentialing cycles and takes appropriate action against practitioner when occurrences of poor quality are identified. Refer to procedure CR.06.01 Ongoing Monitoring and Interventions.

L. **Reporting Requirements to Authorities**

SCFHP reports practitioners to the appropriate authorities. Refer to procedure CR.04.01 Notification to Authorities and Practitioner Appeal Rights.

M. **Timeframe for Credentialing after Terminating a Contract**

1. SCFHP or the practitioner can terminate its agreement administratively, and without cause upon ninety (90) calendar days prior written notice to the other party.

2. The practitioner has thirty (30) calendar days from the effective date of the termination to provide a written request to re-contract with SCFHP. If approved by SCFHP, the practitioner will not be required to go through the credentialing process. This reinstatement opportunity is not valid if an agreement is terminated for quality reasons.

3. Requests made after the thirty (30) calendar day will require a full credentialing review.

N. **Audit of Practitioners**

SCFHP conducts annual oversight of directly contracted practitioners, at least annually, by verifying the accuracy of the practitioners in the CVO database.

At least annually, the Credentialing Department conducts oversight of delegated activities. Refer to the Delegation of Credentialing and Recredentialing Procedure.

O. **Directory Requirements**

SCFHP follows applicable regulations and has a policy for obtaining and validating practitioner information in a timely manner and updating its directories. Refer to policy PN.06 Provider, Hospital, and Pharmacy Directories.

P. **Record Retention**

SCFHP maintains credentialing and recredentialing records in accordance with policy CP005_04 Record Retention and Destruction and for a minimum of ten (10) years.

Q. States of Emergency

In the event that a State of Emergency is declared in the county of Santa Clara by the state or federal government, exceptions and modifications may be made to the credentialing and recredentialing process to maintain access to health care for SCFHP members. These exceptions may be made for the duration of the State of Emergency and a reasonable time thereafter as determined by the Credentialing Committee.

III. **Policy Reference**

CR.01 Credentialing and Recredentialing
CR.04 Notification to Authorities and Practitioner Appeal Rights
CR. 05 Delegation of Credentialing and Recredentialing
CR.06 Ongoing Monitoring and Interventions
CR.08 Credentialing Committee
PN.06 Provider, Hospital and Pharmacy Directories
CP005_04 Record Retention and Destruction
QI.07 Physical Access Compliance

IV. **Approval/Revision History**

First Level Approval	Second Level Approval
Signature	Signature
Janet Gambatese	Chris Turner
Name	Name
Director, Provider Network Operations	Chief Operating Officer
Title	Title

PROCEDURE

Date			Date	
Version Number	**Change (Original/ Reviewed/ Revised)**	**Reviewing Committee (if applicable)**	**Committee Action/Date (Recommend or Approve)**	**Board Action/Date (Approve or Ratify)**
V1	Original 04-24-17	N/A	N/A	N/A
V2	Revised 05-29-18	N/A	N/A	N/A
V3	Revised 07-01-20			

ADJOURN TO CLOSED SESSION